

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2838

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BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY DESLOGE HOSPITAL CITY OF ST LOUIS,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS, COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 11 DAYS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, COUNTY			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DesLoge Hosp.				e. STREET ADDRESS (If rural, give location) 3800 LAWLER DRIVE			
3. NAME OF DECEASED (Type or Print)		a. (First) Thomas		b. (Middle) Edward		c. (Last) Janis	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 5 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BERNARD JANIS		13b. MOTHER'S MAIDEN NAME ROSE DEVINE		14. NAME OF HUSBAND OR WIFE LACEY JANIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES MICHE ADDRESS 3800 LAWLER DR.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Fracture of Left Femur when he slipped and fell in the dining room of his home on Dec. 23 1948 exact time ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) he slipped and fell in the dining room of his home DUE TO (c) on Dec. 23 1948 exact time II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/9/49				INTERVAL BETWEEN ONSET AND DEATH 9 46 30	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS, MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12-23-48		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:55 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. R. [Signature] (Degree or title)		23b. ADDRESS 1000 N. [Address]		23c. DATE SIGNED 1-5-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/6/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE RECD BY LOCAL JAN 5 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE STROOT * CARROLL ADDRESS 4600 NATURAL BRIDGE AVE			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 4366

P. O. Address St. Louis, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.